

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mag</i>		<i>7-11-0</i>
O.I.P.E. CLASSIFIER			<i>7-21-00</i>
FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>6-7-0</i>
RESPONSE FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>8-8-0</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	<i>2/22/03</i>
2	✓	✓	<i>9/17/03</i>
3	✓	✓	<i>5/11/04</i>
4	✓	✓	
5	✓	✓	
6	✓	✓	
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If more than 150 claims or 10 actions  
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